



INDIANA ARTS COMMISSION

Connecting people to the arts

# SAMPLE APPLICATION

This program is funded by the Indiana General Assembly and the National Endowment for the Arts. Inform your communities and elected officials about the importance of public arts support to your organization and its activities.

**THIS APPLICATION WILL BE MADE AVAILABLE UPON REQUEST IN  
LARGE PRINT, BRAILLE, AUDIO CASSETTE, OR OTHER FORMS TO  
MEET SPECIAL NEEDS**



*The application is provided to you in Adobe Acrobat or Microsoft Word for Windows.*

Indiana Arts Commission FY2006 Strategic CDE  
You may request a paper copy by contacting the CDE

## Strategic Collaborations Initiative

### Deadline

11:59 p.m. EST  
April 29, 2005

### Grant Period

July 1, 2006 to  
June 30, 2007

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150 W. Market Street, Suite 618  
Indianapolis, IN 46204-2812  
[www.in.gov/arts](http://www.in.gov/arts)  
[arts@state.in.us](mailto:arts@state.in.us)  
317/232-1268  
317/233-3001 TTY



**INDIANA ARTS COMMISSION**

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Indiana Arts Commission

150 W. Market Street, Suite 618

Indianapolis, IN 46204-2812

317/232-1268 (Voice)

317/233-3001 (TTY)

IndianaArtsCommission@iac.in.gov

www.in.gov/arts

**Applicant Legal Name:**

**Address** (street, city, state, ZIP+4):

**County:**

**Telephone:**

**FAX:**

**E-mail/Web site address:**

**Application Contact Person** (name, title, address, telephone, FAX, e-mail)

**Authorizing Official** (who signs application - name, title, and telephone)

**Federal Employer Identification Number:**

**DUNS Number:**

Data Universal Numbering System (DUNS) Call Dun & Bradstreet at 1-866-705-5711 or 1-610-882-7000. The DUNS number can be obtained from [www.dnb.com/us/duns\\_update](http://www.dnb.com/us/duns_update).

**Legislative Districts:** Based on your street address, enter one legislative district number for each of the government branches listed below. The Indiana Arts Commission is the recipient of funds from the State and Federal government and will use the information below to notify your legislators of the results of all IAC funding decisions. If you do not know your correct district numbers, contact your county voter registration office or go to [www.vote-smart.org/index.phtml](http://www.vote-smart.org/index.phtml) or <http://www.monroegreens.org/campaign2002/voterReg2.pdf> to find the information based on your ZIP+4. **Do not leave this question blank.**

Indiana House # \_\_\_\_\_ Indiana Senate # \_\_\_\_\_ U.S. Congress # \_\_\_\_\_

**COMPLIANCE STATEMENT** - *The undersigned certifies that s/he (1) is a principal officer of the Applicant with authority to obligate it, and (2) has read the guidelines incorporated herein by reference, and (3) will comply with all guidelines, including federal and state statutes prohibiting discrimination against any person on the basis of race, color, national origin, gender, age, religion, or physical or mental disability. The organization understands that it may not apply for state or federal funding from both the IAC and any Regional Partner Organization in the same fiscal year.*

Signature of Authorizing Official

Date Signed

## **DEMOGRAPHIC INFORMATION**

The Indiana Arts Commission requires the following data. *Estimates are acceptable.* You will be asked to report actual figures on the Final Grant Report.

### ● **NUMBER AND CHARACTERISTICS OF PEOPLE SERVED**

CHARACTERISTIC	ALL PERSONS SERVED (Number)	GOVERNING BODY (Number)	STAFF AND VOLUNTEERS (Number)
<b><u>RACE /ETHNICITY</u></b>			
a. Asian	_____	_____	_____
b. Black/African American	_____	_____	_____
c. Hispanic/Latino	_____	_____	_____
d. American Indian/Alaskan Native	_____	_____	_____
e. Native Hawaiian/Pacific Islander	_____	_____	_____
f. White	_____	_____	_____
g. TOTAL (Add a. - f.)	_____	_____	_____
<b><u>AGE</u></b>			
h. Total Children (under 18)	_____	_____	_____
i. Total Seniors (65 and above)	_____	_____	_____
<b><u>DISABILITY</u></b>			
j. Total Persons with Disabilities	_____	_____	_____

### ● **PROPOSED SERVICE AREA**

By checking the appropriate boxes, indicate the service area for your proposed activities for the grant period.

Region One:		Region Two:		Region Three:	
Lake		Elkhart	Marshall	Allen	Noble
LaPorte		Fulton	Starke	DeKalb	Steuben
Porter		Kosciusko	St. Joseph	Huntington	Wabash
				LaGrange	Wells
				Miami	Whitley
Region Four:		Region Five:		Region Six:	
Benton	Montgomery	Adams	Jay	Clay	
Carroll	Pulaski	Blackford	Madison	Parke	
Cass	Tippecanoe	Delaware	Randolph	Putnam	
Fountain	Tipton	Fayette	Rush	Sullivan	
Howard	Warren	Grant	Union	Vigo	
Jasper	White	Henry	Wayne	Vermillion	
Newton	Clinton				

Region Seven:		Region Eight:		Region Nine:	
Boone	Johnson	Brown	Monroe	Bartholomew	Jackson
Hamilton	Marion	Greene	Owen	Dearborn	Jennings
Hancock	Morgan	Lawrence		Decatur	Ohio
Hendricks	Shelby			Franklin	Ripley
					Switzerland
Region Ten:		Region Eleven:		Region Twelve:	
Gibson	Posey	Crawford	Martin	Clark	Jefferson
Knox	Warrick	Daviess	Orange	Floyd	Scott
Pike	Spencer	Dubois	Perry	Harrison	Washington
	Vanderburgh				

- Describe the service area in the space below:

## **PROPOSAL INFORMATION**

- **PROPOSAL SUMMARY**

Summarize your proposal and how you plan to use the IAC funds requested in this application.

- **IAC STRATEGIC GOALS AND OBJECTIVES**

Identify IAC strategic plan goals and objectives the project will advance.

- Project beginning date \_\_\_\_/\_\_\_\_/\_\_\_\_ Project ending date \_\_\_\_/\_\_\_\_/\_\_\_\_

## **APPLICATION NARRATIVE AND SUPPORT MATERIALS**

The narrative portion of your application is divided into two sections. The first section will provide information about your organization and its capacity to provide the proposed programs and services for the period covered by this grant. The second narrative section will provide detailed information about the proposed project.

Any additional support materials that need to be submitted with your application are listed in these two sections. Submit only the requested materials.

It is important that the advisory panel reviewing SCI applications has similar information from all applicants. Provide them with complete information about your organization and programs by answering all the questions. Be concise, clear, and as brief as possible in your responses. Panelists are more likely to retain information that summarizes key elements, is clearly presented, and is to the point.

## **ABOUT YOUR ORGANIZATION**

### **1. Mission Statement**

What is the mission and primary purpose of your organization? Include the date your organization was founded and incorporated.

### **2. Governance and Management**

Describe the responsibilities of your volunteer governing body. How often does the board meet? Who is the staff person responsible for management and daily operations of the organization? Briefly describe key positions in management (staff and/or volunteer).

- **Board Positions:** Provide your most current governing board roster. Mark the check box in the column with a cross (+) to indicate board member holds an office, and an asterisk (\*) to indicate if board member represents an ethnicity other than "White/Caucasian."

<b>Board Member Name:</b>	<b>Address</b>	<b>*</b>	<b>+</b>	<b>County</b>	<b>Occupation or Arts Interest</b>
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

### **3. Financial Status**

Describe your current financial position, including an explanation of any significant changes in your operating budget over previous years. Indicate plans for long-term resource development. If there is a current year operating deficit, explain your deficit reduction plans.

#### 4. Long-range Planning

Describe the organization's long range planning process. Who is responsible for documenting goal attainment and how is this done? How often does the board review implementation progress? How often is the long-range plan updated?

**ATTACH** the following documents to provide further information about your organization.

If you are a first-time applicant to the IAC, or if your organization has changed its legal name or other changes have been made since these documents were last submitted to the IAC, you are required to submit a new copy with your application. Submit **ONE HARDCOPY** of the following to the IAC office by the April 29, 2005 deadline:

#### UPDATE IF NEEDED

- 1. Articles of Incorporation or Enabling Legislation (1 copy) - This item must be submitted by first-time applicants or if it has been revised since last submitted to the IAC. If needed, request a duplicate copy from the Secretary of State's office at 317/232-6576.*
- 2. IRS Determination Letter of Tax Exempt Status (1 copy) - This item must be submitted by first-time applicants or if it has been revised since last submitted to the IAC.*

All applicants are **required** to ATTACH 1 COPY of the following documents with their application:

- **Annual Financial Statement** – All applicants must provide an un-audited financial statement for the most recently completed fiscal year. This item is not the same as the audit mentioned above. A financial statement is a public document that indicates the financial status of your organization at the close of the fiscal year. It should reflect information for the entire fiscal year, including individually categorized income and expenses, and beginning and ending fund balances. It is most helpful when it compares actual income and expenses to either budgeted amounts for the same year or actual amounts for the previous year.
- **Job Description** of the chief paid administrative staff person (i.e., executive director)

#### **ABOUT YOUR PROPOSED PROJECT**

##### **5. Goals and Activities**

What is the goal of this project? Describe what you plan to do, when the activities will occur, where and how the project will take place, and how the activities will happen. Explain the relationship of your proposal's goals to your organization's mission/purpose.

**6. Personnel**

Who are the key personnel to be involved? How and why were these people selected? Who will manage the project? Describe this person's general responsibilities.

**7. Educational Efforts**

Describe the educational goals and activities of the project. Briefly describe your organization's arts education philosophy and outreach activities. If applicable, describe educational activities for children and adults that will take place outside school-based settings.

**8. Public Outreach/Audience**

Describe the statewide or multi-regional target audience for this project. What under-served populations will be reached? Discuss briefly your organization's accessibility provisions for this proposal (e.g., special seating, adaptive devices, targeted marketing, location of service, low cost ticket, etc.). Describe how your target audience has been involved in the implementation of this project.

**9. Promotion and Marketing**

Describe plans for statewide or multi-regional marketing, media, and other promotional activities. How will you reach and involve under-served populations, including people with special needs?



## 10. Outcomes and Evaluation

Describe plans for evaluating the value and impact of the project, including methods, activities, and timetable. How will the target audience be involved in evaluation activities? Describe how past evaluation findings have been used to improve programs and services.

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- **Project Timetable** - Provide a timetable of implementation steps for the project. You should include a brief description of the task, personnel responsible, and deadline for each implementation step.

[illegible]

**To be Submitted to the IAC office in HARDCOPY Format:**

- **Printed Promotional Materials** - All applicants should include representative printed promotional materials (but not more than three pieces). These may include information about previously successful programs, or projects (i.e., programs, catalogues, newspaper articles, etc.). These materials should be carefully selected and must compare in size with the application page; oversized pieces will not be accepted. **This will need to be in the IAC office by 4:30 p.m. EST, Friday, April 29, 2005 and be sent under separate cover.**

## **PROJECT BUDGET SUMMARY**

Complete the chart below to reflect your proposed project budget. Round all figures to the nearest dollar; no decimals. Contact the IAC if you would like a definition of any of the categories.

ESTIMATED EXPENSES	Column A CASH	Column B IN-KIND	Column C TOTAL
1. Personnel-Administrative	\$	\$	\$
2. Personnel-Artistic			
3. Personnel-Technical/Production			
4. Outside Artistic Fees and Services			
5. Outside Other Fees and Services			
6. Space Rental			
7. Travel/Transportation			
8. Marketing/Publicity/Promotion			
9. Remaining Operating Expenses			
10. Capital Expenditures-Acquisitions			
11. Capital Expenditures-Other			
12. <b>Total Cash Expenses</b>	\$		
13. Total In-kind		\$	
14. <b>Total Expenses</b> - add lines 12 and 13			\$

  

<b>ESTIMATED INCOME</b>	\$
15. Admissions	
16. Contracted Services Revenue	
17. Other Revenue	
18. Corporate Support	
19. Foundation Support	
20. Other Private Support	
21. Government Support-Federal	
22. Government Support-Regional/State	
23. Government Support-Local	
24. Other Applicant Cash	
25. Total Non-IAC Cash Income - add lines 15 - 24	
26. <b>IAC REQUEST</b>	
27. <b>Total Cash Income</b> - add lines 25 and 26; same amount as line 12	
28. Total In-kind (from line 13)	
29. <b>Total Income</b> - add lines 27 and 28; same amount as line 14	\$

## **PROJECT BUDGET LINE ITEM DETAIL**

ATTACH a detailed line-by-line breakdown of the budget summary above, identifying what expenses and income (by source) are included in each segment of the budget above. The explanation must provide sufficient detail so that the reader can easily understand how the amount listed for each line item was determined. Follow the same sequence as the chart above.

## **ACCESSIBILITY STATEMENT**

*All applicants must complete this form.*

THE APPLICANT, \_\_\_\_\_:  
(insert name of applicant organization here)

☐ **ASSURES** that all **arts programs, services, and activities** made possible with Indiana Arts Commission funding and all **facilities** in which such programs, services, and activities are held (whether owned, leased, or donated to the Applicant) will be accessible to people with special needs, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 OR will provide readily achievable reasonable accommodation as warranted.

☐ **ASSURES** that this warranty is based on: (check all applicable)

- Independent accessibility assessment, completed by:

\_\_\_\_\_  
(Name, title, date)

- Applicant self-assessment, completed by:

\_\_\_\_\_  
(Name, title, date)

- Recommendations from a citizen advisory committee, composed of persons with disabilities.

- Other (specify): \_\_\_\_\_

☐ **ASSURES** that materials supporting this statement are maintained on file and are available for review.

\_\_\_\_\_  
Signature, Authorizing Official

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title of Authorizing Official

\_\_\_\_\_  
Telephone Number

*Note: a sample accessibility self-assessment checklist is provided for your information in Appendix A in the Guidelines.*



## WHAT TO SUBMIT - CHECKLIST

### **Application Deadline: April 29, 2005**

Applicants must provide complete information on all forms, authorized signatures where indicated, assurances that the application is legally binding, and supporting materials (as requested) to allow for a uniform review.

#### **Provide ONE HARDCOPY of the following items, if applicable:**

- ☐ 1. Articles of Incorporation or Enabling Legislation (1 copy) - **First-time applicants must submit this item or if it has been revised since last submitted to the IAC.**
- ☐ 2. IRS Determination Letter of Tax Exempt Status (1 copy) - **First-time applicants must submit this item or if it has been revised since last submitted to the IAC.**
- ☐ 3. Annual Compliance Audit (1 copy).

Provide **TEN** copies of the following item and submit under separate cover

- ☐ 4. Printed Promotional Materials (please list these items):

#### **IN ELECTRONIC FORMAT VIA THE APPLICATION:**

- ☐ 1. Current strategic or long-range plan (1 copy) – **First-time applicants must submit this item or if it has been revised since last submitted to the IAC.**
- ☐ 2. Annual Financial Statement
- ☐ 3. Job Description of the chief paid administrative staff person
- ☐ 4. Budget Line Item Detail